

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Santos Savio et al. Examiner: Bruce D. Hissong  
Serial No: 10/529,923 Group Art Unit: 1646  
Confirmation No: 5270 Docket: 976-24 PCT/US/RCE III  
Filed: August 29, 2005 Dated: January 16, 2009  
For: VACCINE COMPOSITION COMPRISING INTERLEUKIN-15 (IL-15)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Certificate of EFS-Web Transmission**

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via the Office's electronic filing system on **January 16, 2009**.

Joyce Peterson

(Printed Name)

Signature: /joyce peterson/

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner, mailed **October 16, 2008**, finally rejecting **Claims 22 and 23**.

The item(s) checked below are appropriate:

**1. STATUS OF APPLICANTS**

This application is on behalf of

- ☐ other than a small entity .  
☒ small entity.

A verified statement claiming small entity status

- ☐ is attached.  
☐ was already filed on \_\_\_\_\_.

2. **FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

<input checked="" type="checkbox"/>	small entity	\$270.00
<input type="checkbox"/>	other than small entity	\$540.00
Notice of Appeal fee due		<b><u>\$270.00</u></b>

3. **EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

- (A) ☐ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

	<u>Extension (months)</u>	<u>Fee for Other than Small Entity</u>	<u>Fee for Small Entity</u>
<input type="checkbox"/>	one month	\$ 130.00	\$ 65.00
<input type="checkbox"/>	two months	\$ 490.00	\$245.00
<input type="checkbox"/>	three months	\$1,110.00	\$555.00
<input type="checkbox"/>	four months	\$1,730.00	\$1,175.00

Fee due for indicated extension \$ \_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

Extension fee due with this request **\$ 00**

OR

- (B) ☒ Applicants believe that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicants have inadvertently overlooked the need for a petition and fee for extension of time.

**4. TOTAL FEE DUE**

The total fee due is:

Notice of Appeal fee \$ 270.00

Extension fee (if any) \$ \_\_\_\_\_

TOTAL FEE DUE \$ 270.00

**5. FEE PAYMENT**

☐ Attached is a check in the sum of \$\_\_\_\_\_.

☒ Charge Account No. 08-2461 the sum of \$ 270.00

**6. FEE DEFICIENCY**

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,

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